

**THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMDOSS):** (a) to (c) Yes, Sir. The Drugs & Cosmetics Act, 1940 lays down the standards for drugs in the country. There exists a mechanism under Drug and Cosmetics Act, 1940 and Rules thereunder for a regular inspection of manufacturing premises and sales premises by the drug inspectors appointed by State and Central Govt. The quality of drugs available in the market is also ensured by way of random sampling of drugs drawn from retailers, wholesalers and hospitals by the Drug Inspectors and forwarded to testing laboratories notified for testing of above drugs by Central and State Government.

**Availability of modern medical facilities to BPL people**

**488. SHRIMATI S. G. INDIRA:** Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that more than 26 crore population in the country living below the poverty line is not in a position to afford medicine and medicare facilities;

(b) whether it is also a fact that only a certain percentage of people could afford modern medical facilities now available in the country while even essential drugs and basis health care are outside the reach of common man; and

(c) if so, the steps being taken to dispel these disparities?

**THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMDOSS):** (a) to (c) Inspite of the large health delivery system in the public sector, a large proportion of people below the poverty line, especially in remote and inaccessible areas often face lack of affordable and equitable health care.

To provide accessible, affordable, accountable, effective and reliable primary health care facilities, especially, to the poor and vulnerable sections of the population the National Rural Health Mission (NRHM) has been launched by the Government on 12.4.05. It is being operationalized throughout the country, with special focus on 18 states which includes 8 Empowered Action Group States (Bihar, Jharkhand, Madhya Pradesh, Chhattisgarh, Uttar Pradesh, Uttaranchal, Orissa and Rajasthan), 8 NE

States, Himáchal Pradesh and Jammu & Kashmir. The NRHM envisages overall rejuvenation of the health delivery system including provisioning of essential drugs and guaranteed basic health care at various levels.

### **Mortality due to paralysis**

†489. SHRI MANGANI LAL MANDAL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that the mortality rate due to paralysis in the country has increased three fold in comparison to developed and developing countries of the world;

(b) whether it is also a fact that since the decades from 1970 to 1990 and thereafter, deaths due to paralysis and its effects are increasing continuously in the country; and

(c) if so, the details thereof?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMDOSS): (a) to (c) Nation wide data about death due to Paralysis is not available. However, according to Indian Council of Medical Research (ICMR) the limited data available on death due to stroke (one of the causes of Paralysis) do not substantiate the rise in mortality rates since 1970s.

### **Soya Yoghurt for diabetes**

490. SHRIMATI HEMA MALINI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware that Soya Yoghurt can check diabetes type II and high blood pressure too;

(b) if so, whether Government are taking any steps to give due publicity to make people aware about it; and

(c) if so, the outlets where Soya Yoghurt would be made available and at what price?

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† Original notice of the question was received in Hindi.